

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

00119

State file No.

Registered No.

1. PLACE OF BIRTH

County Pima State Arizona
Township Maricopa or Village Maricopa
City Maricopa St. Maricopa Ward Maricopa
(If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child Carolina Schlick

3. Sex Female 4. Twin, triplet, or other None 5. Number, in order of birth 1
6. Premature Yes 7. Legitimate? Yes 8. Date of birth Feb 13, 1931
(Month, day, year)

| FATHER | | MOTHER | |
|--|---|---|--|
| 9. Full name <u>James Schlick</u> | 18. Full maiden name <u>Louise Hopkins</u> | | |
| 10. Residence (usual place of abode) <u>Maricopa</u> (If nonresident, give place and State) | 19. Residence (usual place of abode) <u>Maricopa</u> (If nonresident, give place and State) | | |
| 11. Color of hair <u>Black</u> | 20. Color of hair <u>Black</u> | 21. Age at last birthday <u>34</u> (Years) | |
| 12. Age at last birthday <u>42</u> (Years) | 22. Birthplace (city or place) <u>Maricopa</u> (State or country) <u>Arizona</u> | | |
| 13. Birthplace (city or place) <u>Maricopa</u> (State or country) <u>Arizona</u> | 23. Trade, profession, or particular kind of work done, as spinner, typist, nurse, clerk, etc. <u>Housewife</u> | | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u> | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Housewife</u> | | |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Labour</u> | 25. Date (month and year) last engaged in this work <u>Feb 13, 1931</u> | 26. Total time (years) spent in this work <u>19</u> | |
| 16. Date (month and year) last engaged in this work <u>Feb 13, 1931</u> | 17. Total time (years) spent in this work <u>3</u> | | |

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 9 months 29. Cause of stillbirth Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3:50 m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) Charles B. Smith Midwife

Given name added from a supplemental report None (Date of) March 6, 1931
Address Maricopa Registrar P. C. Hutton

Registrar

322-213-315